



## A BRIEF HISTORY OF McRAE MEMORIAL SANATORIUM

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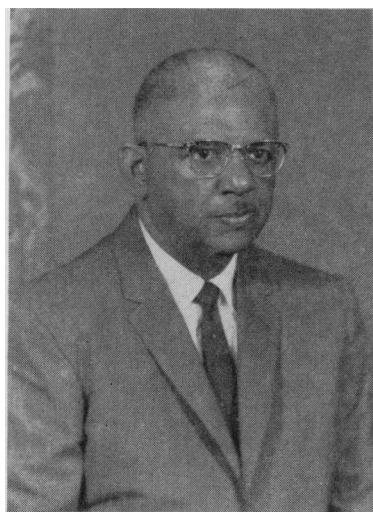
One of the major public health advances in Arkansas during the present century has been the establishment of a sanatorium for Negroes who are victims of tuberculosis. From an humble beginning as a 26-bed institution in 1931, The Thomas C. McRae Memorial Sanatorium, at Alexander, has grown steadily and soundly until it is presently one of the largest and most complete institutions of its kind in the United States. The hospital's present bed capacity is 411, with facilities which include a modern surgical unit, nurses' homes, male dormitory, quarters for married members of the staff, a fire station and rehabilitation center.

The institution was created by a bill introduced in the State Legislature in 1923. It was sponsored by the Arkansas Tuberculosis Association, and introduced by Miss Erle Chambers, then Executive Secretary. One year later a tract of land was found  $1\frac{1}{4}$  miles southwest of the town of Alexander which was considered suitable. It was near the center of Negro population, and also near the city of Little Rock where the University of Arkansas Medical Center is located.

The first expansion began during the depression, when

a 27 per cent increase in maintenance was authorized by the Legislature of 1933. This gave us an increase in capacity of 10. The reasoning behind an institution of this size was the unfounded fear that Negroes would not avail themselves of the opportunity for treatment.

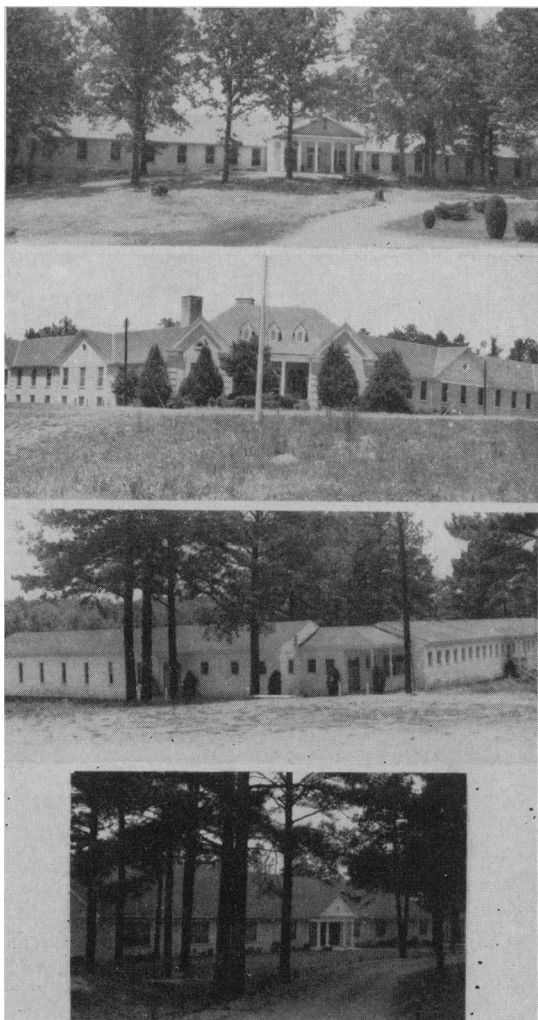
The original utilization of collapse therapy, rest, appropriate food and fresh air, allowed many of the far advanced cases to be restored to health. The returning of patients to society and better diagnosis caused an increase in applications of patients, until in 1935 we had a waiting list of over 160 for admission to our 36 beds. The Legislature of 1938 in a Special Session, increased the size of our institution by erecting a patients' building with facilities for 139, and a nurses' home with a capacity of 32. During this period pneumothorax, phrenic operations and thoracoplasty were done. We were able to restore even greater numbers to society. In addition to the addition of 139 beds, an addition was made to the original building to provide a place where surgery could be done. This consists of a main operating room, a doctors' dressing room, and a sterilizing room for surgery. More recently additions have



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Superintendent, Medical Director  
since 1931



**MRS. NORMA J. BROWNE**  
Administrative Assistant and  
Personnel Director



Top. The A. C. Shipp Surgery Building. Second. The Erle R. Chambers Convalescent Building. Third. The J. B. Watson Building. Rehabilitation Center. Bottom. The Hugh A. Browne Children's Building of 48 beds. (Cover. The Infirmary)

been made to the surgical facilities in the form of a recovery room and dressing room. These facilities were made available in 1938. By the year 1945 our patient applications had increased to over 600. The institution at that time had 196 available beds. The Legislature of 1946 appropriated sufficient funds to begin a four story infirmary building. This building was opened for the reception of new patients in September 1949. The use of the newer drugs and surgery cut down our applications to less than 150 by 1960. The Legislature of 1959 was persuaded that tuberculosis among Negro children was of great importance. An appropriation for a children's building and an auxiliary nurses home was made and these facilities occupied on July 1, 1960.

All during these years attention was focussed on the activities of the sanatorium staff and its accomplishments. The Trades Extension Division of the State Department of Education became interested in 1938, and in-training

courses for members of the staff were inaugurated. In an attempt to help ourselves courses in rehabilitation were begun for patients. A course in nurse training was inaugurated in 1940. Cosmetology was taught by a member of the staff, as was sewing, cooking and manual training. A need was seen for a building to house these activities, so in 1947 we were given two surplus army buildings to house additional activities. These buildings were remodeled without a building appropriation into an auditorium, library, social worker's office, two classrooms, a barber shop, cosmetology room, and a room for homemaking. This program has been expanded by the Department of Vocational Rehabilitation, and we now have a staff of a counselor, secretary, teacher of cosmetology, homemaking, small electrical appliances and a teacher in adult education. Attention was focussed at this same period to our work in Special Education and a special school was set up for students under 18 years of age. We now have a principal and two assistant teachers. The work in this school is intense and specialized.

We admit all types of tuberculosis and all ages. Most of the patients are far advanced, so that it is necessary to culture the sputum and then do sensitivity tests so that the best therapy is obtained. There is no routine treatment which is applied in every case but each is considered individually and the treatment planned to suit the patient. A special in-patient clinic has been established to take care of the diabetics, cardiacs, and other complications. In our therapy the five major types of treatment are explored and applied, 1) rest and isolation, 2) adequate and appropriate food, 3) proper ventilation, 4) drug therapy and 5) selective surgical procedures.

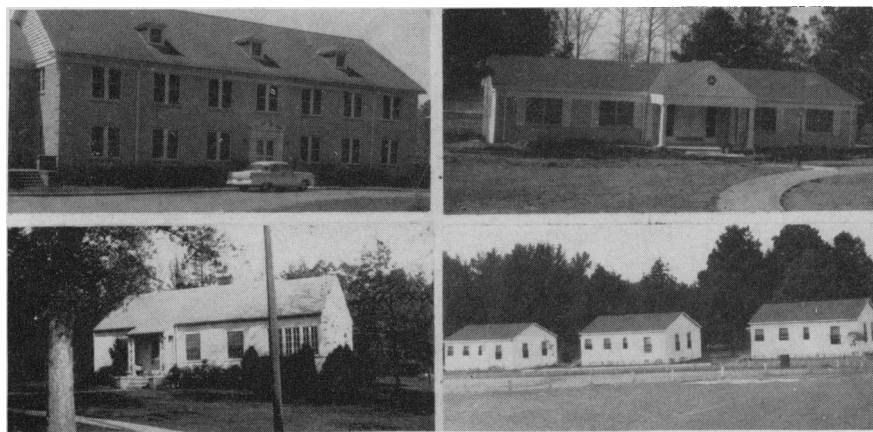
Our laboratory is modern in every respect for an institution of this kind. It is equipped with a virology hood, incubators, sterilizers, and other equipment that is essential for the evaluation of treatment of the tuberculosis sick.

The major x-ray department is equipped to handle any diagnostic procedures including tomography and routine x-rays.

The institution is still growing and still meets only partially the needs of the Negro citizens of Arkansas. We need to induce more adequately trained Negro doctors to take a place on our staff. The staff has not been idle and is contributing to research in all phases of tuberculosis. Papers have been written and presented to the Mississippi Valley Conference on Tuberculosis, the Southern Conference on Tuberculosis, the Southern Medical Society, Surgical Division, and the National Medical Association. Many talks have been given before the Arkansas Tuberculosis Association.



A group of nurses.



Upper. Left. Nurses Home. Right. Auxiliary Nurses Home. Lower. Left. Superintendent's office. Right. Staff cottages for married couples.

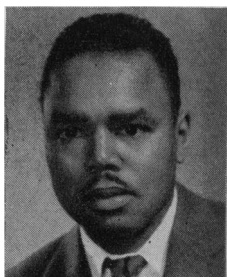
Dr. Hugh A Browne has been Superintendent-Medical Director since the beginning and all of the additions have been made under his administration. Mrs. Norma J.

Browne has been Secretary to the Superintendent, Chief Administrative Assistant, Purchasing Agent and Personnel Director.



### MEDICO-LEGAL RELATIONSHIP OF THE ATTENDING SURGEON TO THE HOSPITAL STAFF IN THE OPERATING ROOM

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Louis Regan in his chapter discussion on Liability for Act of Another in his text, "Doctor and Patient and the Law" (3rd edition, p. 130, C. V. Mosby Co., St. Louis) stated that "under the 'borrowed servant doctrine' it is almost universally agreed that the servants of the hospital become the agents of the attending physi-

cian when they are acting under his immediate supervision and control; and, to be on safe ground, it should be assumed that, if the attending physician is physically present, he is immediately supervising and directing all functions being carried out by hospital personnel. Whether the attending physician exercises it or not, it is his right to

control which is conclusive as to his liability."

The following case which I have briefed illustrates the rule. A three-year old child became ill one evening and was rushed the next day to the McKeepert Hospital where an emergency operation was performed. One of the defendants, then a student nurse, testified that some unidentified person requested her to get two hot water bottles; that she did this and upon her return to the operating room was told to fill them; that she filled them out of the hot water faucet in a small instrument scrubbing room off the operating room; that she did not remember whether she made any test of the temperature of the water; that when she came back she covered the bottles, not with flannel covers as was the proper practice, but with muslin pillow cases; that when she was about to apply them to the patient, then lying on the operating table and partly under the anesthetic, she was told not to do so by Dr. Bondi; that he told her to give the bottles to Mrs. Bieda, another of the defendants, to put on the child.

Mrs. Bieda, a graduate nurse and on general duty in the operating room, testified that Dr. Bondi told her to apply the bottles, so she placed them on the outer sides of the child's feet; that as soon as the anesthetist said that the child was completely under — which was about three minutes after the hot water bottle had been placed — Dr. Bondi began the actual incision. It was testified that after the operation was over (which proved ultimately to be successful), the child was taken to his room whereupon the floor nurse discovered that his feet were badly burned. There was testimony that the water in the bottles should not have been of a temperature greater than 115 or 120 degrees, but that, in order to have caused the injury it produced, it must have been at 212 degrees boiling point.

To recover for the child's injuries, suit was brought against Dr. Bondi, the student nurse, and the graduate